

# Registration Form

☐ Check here if new address/phone/email. **Please print.** This form may be duplicated.

PAYER/SPONSOR: Name \_\_\_\_\_ Signature on check \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

MANAGER: Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

ASSIST. MANAGER: Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ Cell Phone ( ) \_\_\_\_\_

Team Name	League	Category	Division	Day	Level	Course #	Fees*

Team Name/Record: \_\_\_\_\_

Special Request: \_\_\_\_\_

Total Amount Due: \$

☐ Check or Money Order payable to MCRD, Attn: CCS-Sports, 4010 Randolph Road, Silver Spring, MD 20902.

☐ Master Card ☐ Visa Card No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

CARDHOLDER: Name (print) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

If paying by credit card, you may **fax** your registration form to **240-777-6890**. If you need help completing this form, please call 240-777-6870.

**\*Registrations will not be accepted without payment.**

The participant assumes all risks associated with participation in the program; the County assumes no liability for injury or damages arising from participation in the program. Due to the strenuous nature of some activities, the County encourages each participant to consult his or her physician concerning fitness to participate in the program. The participant consents to emergency treatment. The participant also consents to the County's use of any photographs taken or video tapes made of the program. If the participant is a minor, the parent or guardian approves his or her participation in the program. Neither the instructor nor any of the staff are responsible for children prior to or after the scheduled program. I agree to abide by all department rules and regulations.

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_